



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF  
HAZARDOUS WASTE ACTIVITY**

05/04/2010

Region 2

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

**EPA I.D. NUMBER:** NYR000173948

**INSTALLATION NAME:** BARCLAYS CENTER AT ATLANTIC YARDS

**INSTALLATION ADDRESS :** 620 ATLANTIC AVE  
BROOKLYN, NY 11217

**MAILING ADDRESS :** 1 METROTECH CENTER  
BROOKLYN, NY 11201

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22nd Floor  
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS  
Tel : (212) 637-4106  
Fax: (212) 637-4437**

**TO: BARCLAYS CENTER AT ATLANTIC YARDS  
or Current Occupant**  
**ATTN: ROBERT SANNA  
1 METROTECH CENTER  
BROOKLYN, NY, 11201**



2010 APR 22 AM 9:24



**SEND  
COMPLETED  
FORM TO:**  
The Appropriate  
State or Regional  
Office.

United States Environmental Protection Agency  
**RCRA SUBTITLE C SITE IDENTIFICATION FORM**

**1. Reason for Submittal**

MARK ALL  
BOX(ES) THAT  
APPLY

**Reason for Submittal:**

- ☒ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
- ☐ To provide a Subsequent Notification (to update site identification information for this location)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # \_\_\_\_\_)
- ☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)
- ☐ Site was a TSD facility and/or generator of  $\geq 1,000$  kg of hazardous waste,  $>1$  kg of acute hazardous waste, or  $>100$  kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)

**2. Site EPA ID Number**

EPA ID Number NYR0000173948

**3. Site Name**

Name: BARCLAYS CENTER AT ATLANTIC YARDS

**4. Site Location Information**

Street Address: 620 ATLANTIC AVENUE

City, Town, or Village: BROOKLYN

County: KINGS

State: NY

Country: USA

Zip Code: 11217

**5. Site Land Type**

☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

**6. NAICS Code(s) for the Site (at least 5-digit codes)**

A. 2 3 3 3 2 0

C.   

B.   

D.   

**7. Site Mailing Address**

Street or P.O. Box: ONE METROTECH CENTER

City, Town, or Village: BROOKLYN

State: NY

Country: USA

Zip Code: 11201

**8. Site Contact Person**

First Name: ROBERT

MI:

Last: SANNA

Title: EXECUTIVE VICE PRESIDENT

Street or P.O. Box: ONE METROTECH CENTER

City, Town or Village: BROOKLYN

State: NY

Country: KINGS

Zip Code: 11201

Email: bsanna@fcr.com

Phone: 718-923-8400

Ext.:

Fax:

**9. Legal Owner and Operator of the Site**

A. Name of Site's Legal Owner: NYS URBAN DEVELOPMENT CORP.  
D/B/A EMPIRE STATE DEVELOPMENT CO.

Date Became Owner: 3/4/2010

Owner Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☒ State ☐ Other

Street or P.O. Box: 633 THIRD AVENUE

City, Town, or Village: NEW YORK

Phone: 212-803-3750

State: NY

Country: USA

Zip Code: 10017

B. Name of Site's Operator: BROOKLYN ARENA, LLC

Date Became Operator: 3/4/2010

Operator Type:

☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other



EPA ID Number 

OMB#: 2050-0024; Expires 11/30/2011

**10. Type of Regulated Waste Activity (at your site)**Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-7.**Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☒ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities.

Y ☐ N ☒

- d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

- e. United States Importer of Hazardous Waste

Y ☐ N ☒

- f. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒**2. Transporter of Hazardous Waste**

If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**3. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste permit is required for these activities.Y ☐ N ☒**4. Recycler of Hazardous Waste**Y ☐ N ☐**5. Exempt Boiler and/or Industrial Furnace** If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**6. Underground Injection Control**Y ☐ N ☒**7. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒**1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.**

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) \_\_\_\_\_ ☐
- f. Other (specify) \_\_\_\_\_ ☐
- g. Other (specify) \_\_\_\_\_ ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities; Complete all parts 1-4.**Y ☐ N ☒**1. Used Oil Transporter** If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner** If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer** If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications



❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
**See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:**
- ☐ a. College or University
  - ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
  - ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university
- ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

[illegible][illegible]



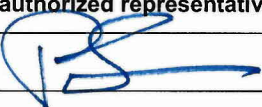
EPA ID Number 

OMB#: 2050-0024; Expires 11/30/2011

**12. Notification of Hazardous Secondary Material (HSM) Activity**Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.**13. Comments**

Waste being generated includes soil from excavation to facilitate construction.

**14. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	ROBERT SANNA VICE PRESIDENT OF NETS SPORTS AND ENTERTAINMENT, LLC, AS MANAGING MEMBER OF BROOKLYN ARENA, LLC	04/20/2010

2010 APR 22 AM 9:24

ORIGINAL MANUSCRIPT



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION  
OF  
HAZARDOUS WASTE ACTIVITY**

07/01/2011

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

**EPA I.D. NUMBER: NYR000173948**

**INSTALLATION NAME: BARCLAYS CENTER AT ATLANTIC YARDS**

**INSTALLATION ADDRESS : 620 ATLANTIC AVE  
BROOKLYN, NY 11217**

**MAILING ADDRESS : 1 METROTECH CENTER  
BROOKLYN, NY 11201**


EPA Form 8700-12AB (4-80)

**USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22nd Floor  
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS  
Tel : (212) 637-4106  
Fax: (212) 637-4437**

**TO: BARCLAYS CENTER AT ATLANTIC YARDS  
or Current Occupant  
ATTN: ROBERT SANNA  
1 METROTECH CENTER  
BROOKLYN, NY 11201**



<p><b>SEND COMPLETED FORM TO:</b> The Appropriate State or Regional Office.</p>	<p align="center">United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b></p> <p align="right">ENVIRONMENTAL PROTECTION AGENCY, REGION II 301 MAY 24 PM 4:46 RCRA PROGRAMS BRANCH</p> 		
<p><b>1. Reason for Submittal</b></p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p><b>Reason for Submittal:</b></p> <p><input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)</p> <p><input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</p> <p><input type="checkbox"/> Site was a TSD facility and/or generator of <math>\geq 1,000</math> kg of hazardous waste, <math>&gt;1</math> kg of acute hazardous waste, or <math>&gt;100</math> kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)</p>		
<p><b>2. Site EPA ID Number</b></p>	<p>EPA ID Number <u>NYR000173948</u></p>		
<p><b>3. Site Name</b></p>	<p>Name: BARCLAYS CENTER AT ATLANTIC YARDS</p>		
<p><b>4. Site Location Information</b></p>	<p>Street Address: 620 ATLANTIC AVENUE</p> <p>City, Town, or Village: BROOKLYN      County: KINGS</p> <p>State: NY      Country: USA      Zip Code: 11217</p>		
<p><b>5. Site Land Type</b></p>	<p><input checked="" type="checkbox"/> Private    <input type="checkbox"/> County    <input type="checkbox"/> District    <input type="checkbox"/> Federal    <input type="checkbox"/> Tribal    <input type="checkbox"/> Municipal    <input type="checkbox"/> State    <input type="checkbox"/> Other</p>		
<p><b>6. NAICS Code(s) for the Site (at least 5-digit codes)</b></p>	<p>A. <u>233320</u>      C. _____</p> <p>B. _____      D. _____</p>		
<p><b>7. Site Mailing Address</b></p>	<p>Street or P.O. Box: ONE METROTECH CENTER</p> <p>City, Town, or Village: BROOKLYN</p> <p>State: NY      Country: USA      Zip Code: 11201</p>		
<p><b>8. Site Contact Person</b></p>	<p>First Name: ROBERT      MI:      Last: SANNA</p> <p>Title: EXECUTIVE VICE PRESIDENT</p> <p>Street or P.O. Box: ONE METROTECH CENTER</p> <p>City, Town or Village: BROOKLYN</p> <p>State: NY      Country: KINGS      Zip Code: 11201</p> <p>Email: bsanna@fcrc.com</p> <p>Phone: 718-923-8400      Ext.:      Fax:</p>		
<p><b>9. Legal Owner and Operator of the Site</b></p>	<p>A. Name of Site's Legal Owner: NYS URBAN DEVELOPMENT CORP. D/B/A EMPIRE STATE DEVELOPMENT CO.</p> <p>Owner Type: <input type="checkbox"/> Private    <input type="checkbox"/> County    <input type="checkbox"/> District    <input type="checkbox"/> Federal    <input type="checkbox"/> Tribal    <input type="checkbox"/> Municipal    <input checked="" type="checkbox"/> State    <input type="checkbox"/> Other</p> <p>Street or P.O. Box: 633 THIRD AVENUE</p> <p>City, Town, or Village: NEW YORK      Phone: 212-803-3750</p> <p>State: NY      Country: USA      Zip Code: 10017</p> <p>B. Name of Site's Operator: Brooklyn Events Center, LLC</p> <p>Operator Type: <input checked="" type="checkbox"/> Private    <input type="checkbox"/> County    <input type="checkbox"/> District    <input type="checkbox"/> Federal    <input type="checkbox"/> Tribal    <input type="checkbox"/> Municipal    <input type="checkbox"/> State    <input type="checkbox"/> Other</p> <p>Date Became Owner: 3/4/2010</p> <p>Date Became Operator: 3/4/2010</p>		

Rec 5/25/11 Called & emailed 5/25, 5/31/11 On 6/8/11 Ms Chiarelli provided ownership & operator dates (in)



**10. Type of Regulated Waste Activity (at your site)**Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-7.**Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☒ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities.

Y ☐ N ☒

- d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

- e. United States Importer of Hazardous Waste

Y ☐ N ☒

- f. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒**2. Transporter of Hazardous Waste**

If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**3. Treater, Storer, or Disposer of Hazardous Waste**

Note: A hazardous waste permit is required for these activities.

Y ☐ N ☒**4. Recycler of Hazardous Waste**Y ☐ N ☐**5. Exempt Boiler and/or Industrial Furnace**

If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**6. Underground Injection Control**Y ☐ N ☒**7. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒**1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.**

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) \_\_\_\_\_ ☐
- f. Other (specify) \_\_\_\_\_ ☐
- g. Other (specify) \_\_\_\_\_ ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities; Complete all parts 1-4.**Y ☐ N ☒**1. Used Oil Transporter**

If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner**

If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer**

If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications



- ❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
**See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:**
- ☐ a. College or University
  - ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
  - ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university
- ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

## 11. Description of Hazardous Waste

**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

[illegible]

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

[illegible]




EPA ID Number 

OMB#: 2050-0024; Expires 11/30/2011

**12. Notification of Hazardous Secondary Material (HSM) Activity**Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.**13. Comments**

Waste being generated includes soil from excavation to facilitate construction.

**14. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	ROBERT SANNA VICE PRESIDENT OF NETS SPORTS AND ENTERTAINMENT, LLC, AS MANAGING MEMBER OF BROOKLYN EVENTS CENTER, LLC	05/19/2011



# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: March 10, 2017 - 2:04 PM

Version 5.0

## User Selection Criteria

Location:	New York, all activities	Activity Location:	None Chosen
Handler ID:	NYR000173948	Group of IDs:	None Chosen
Handler Name:			
Handler Universe:	All Facilities Regardless of Universe		
Determined Date Range:	From: 10/01/1980 To: 03/10/2017		
Location County Code:	None Chosen	Evaluation Type:	
Location City:		Focus Area:	
Location Zip Code:		Violation Type:	
State District:	None Chosen	Display Code Descrip.:	Yes
Sort Order:	Region, State, Handler Name	Display Universes:	Yes

## Results

Data meeting the criteria you selected follows.

Total Pages:8      Total Handlers:1

## Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

## Report Information

Name: cme\_foia.rdf  
Developed by: EPA Headquarters, Office of Enforcement and Compliance Assurance  
Deployed: June 2006  
Last Updated: May 2012  
Contact: rcrainfo.help@epa.gov  
Tables Used: cmecomp3, ccitation3, hreport\_univ5, lu\_citation, lu\_state, hid\_groups  
Libraries: none

# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: March 10, 2017 - 2:04 PM

Page 2

## BARCLAYS CENTER AT ATLANTIC YARDS

County Name / Code: KINGS / NY047

NYR000173948

Location: 620 ATLANTIC AVENUE; BROOKLYN, NY 11217

REGION 02

Mailing: 1 METROTECH CENTER; BROOKLYN, NY 11217

Activity Location: NJ	State District:	Accessibility:	Non-Notifier:	Extract Flag: Y	Active Site: N
Generator: N	Transporter:	Operating TSDF:	-----	IC In Place: N	El Indicator (HE / GW)N / N
Short-Term Gen:	Transfer Facility:	Offsite Receiver:	HSM:		Subpart K:
Full Enforcement: -----	Converter: -----	State Unaddressed SNC: N	EPA Unaddressed SNC: N		
CA Wrkld: N	State TSDF: -----	State Addressed SNC: N	EPA Addressed SNC: N		
Active State Gen: N		State SNC w/Comp Sched: N	EPA SNC w/Comp Sched: N		

Violation: Activity Location: NJ Type: 262.A Determined Date: 10/06/2011 Determined by Agency: State Responsible Agency: State  
 Scheduled Compliance Date: 03/09/2012 Actual Compliance Date: 10/06/2011 RTC Qualifier: OBSERVED Sequence Number: 300

Citation Information: Seq #	Type	Citation
1	FEDERAL REGULATION	262.11

CDI Evaluation 10/06/2011 Activity Location: NJ By: State Identifier: 002 Person: SOMWH Branch: Found Violation: YES  
 Citizen Complaint: NO Multimedia Inspection: NO Sampling: NO Not Subtitle C: NO Day Zero: 10/06/2011 Focus Area:

Enforcement: Activity Location: NJ Type: 310 Action Date: 12/11/2013 Identifier: 001  
 Docket: Agency: State Responsible Person: SOMWI Branch:  
 Penalty Information: Proposed: Final Monetary: \$7,500 Collected: \$7,500 Total Final: \$7,500  
 CA Component: N Disposition Status: Appeal Initiated: Appeal Resolved:  
 Enforcement: Activity Location: NJ Type: 210 Action Date: 06/11/2012 Identifier: 001  
 Docket: Agency: State Responsible Person: SOMWI Branch:  
 Penalty Information: Proposed: \$10,000 Final Monetary: Collected: \$7,500 Total Final:  
 CA Component: N Disposition Status: Appeal Initiated: Appeal Resolved:  
 Enforcement: Activity Location: NJ Type: 120 Action Date: 02/23/2012 Identifier: 001  
 Docket: Agency: State Responsible Person: SOMWI Branch:  
 CA Component: Y Disposition Status: Appeal Initiated: Appeal Resolved:

Violation: Activity Location: NJ Type: 262.B Determined Date: 10/06/2011 Determined by Agency: State Responsible Agency: State  
 Scheduled Compliance Date: 03/24/2012 Actual Compliance Date: 10/06/2011 RTC Qualifier: OBSERVED Sequence Number: 301

Citation Information: Seq #	Type	Citation
1	FEDERAL REGULATION	262.20(a)

CDI Evaluation 10/06/2011 Activity Location: NJ By: State Identifier: 002 Person: SOMWH Branch: Found Violation: YES  
 Citizen Complaint: NO Multimedia Inspection: NO Sampling: NO Not Subtitle C: NO Day Zero: 10/06/2011 Focus Area:  
 Enforcement: Activity Location: NJ Type: 310 Action Date: 12/11/2013 Identifier: 001  
 Docket: Agency: State Responsible Person: SOMWI Branch:  
 Penalty Information: Penalty Information Printed Above  
 CA Component: N Disposition Status: Appeal Initiated: Appeal Resolved:

\* Note: Penalty amount may not reflect all violations cited.

# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

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## BARCLAYS CENTER AT ATLANTIC YARDS, NYR000173948, BROOKLYN, NJ, continued -

Enforcement:	Activity Location: NJ	Type: 210	Action Date: 06/11/2012	Identifier: 001
Docket:		Agency: State	Responsible Person: SOMWI	Branch:
Penalty Information: Penalty Information Printed Above				
CA Component: N	Disposition Status:	Appeal Initiated:	Appeal Resolved:	
Enforcement:	Activity Location: NJ	Type: 120	Action Date: 02/23/2012	Identifier: 001
Docket:		Agency: State	Responsible Person: SOMWI	Branch:
CA Component: Y	Disposition Status:	Appeal Initiated:	Appeal Resolved:	

### Evaluations With No Violations:

SNN Evaluation	10/07/2011	Activity Location: NJ	By: State	Identifier: 001	Person:	Branch: NJDEP	Found Violation: NO
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:
SNY Evaluation	10/06/2011	Activity Location: NJ	By: State	Identifier: 001	Person:	Branch:	Found Violation: N/A
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero: 06/11/2012		Focus Area:

## BARCLAYS CENTER AT ATLANTIC YARDS

County Name / Code: KINGS / NY047

NYR000173948

Location: 620 ATLANTIC AVENUE; BROOKLYN, NY 11217

REGION 02

Mailing: 1 METROTECH CENTER; BROOKLYN, NY 11217

Activity Location: NY	State District: NYSDEC R2	Accessibility:	Non-Notifier:	Extract Flag: Y	Active Site: Y
Generator: LQG	Transporter: N	Operating TSDF: -----	IC In Place: N	El Indicator (HE / GW): N / N	
Short-Term Gen: N	Transfer Facility: N	Offsite Receiver: N	HSM: N	Subpart K: ----	
Full Enforcement: -----	Converter: -----	State Unaddressed SNC: N	EPA Unaddressed SNC: N		
CA Wrkld: N	State TSDF: -----	State Addressed SNC: N	EPA Addressed SNC: N		
Active State Gen: N		State SNC w/Comp Sched: N	EPA SNC w/Comp Sched: N		

Violation:	Activity Location: NY	Type: 273.B	Determined Date: 07/31/2013	Determined by Agency: State	Responsible Agency: State
Scheduled Compliance Date:		Actual Compliance Date: 11/13/2013	RTC Qualifier: DOCUMENTED	Sequence Number: 302	
Citation Information: Seq #	Type	Citation			
1	STATE REGULATION	374-3.2(d)(4)			
CEI Evaluation	07/31/2013	Activity Location: NY	By: State	Identifier: 001	Person: NYHHN
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero: 07/31/2013
Found Violation: YES					Focus Area:
Enforcement:	Activity Location: NY	Type: 120	Action Date: 10/25/2013	Identifier: 001	
Docket:		Agency: State	Responsible Person: NYHHN	Branch: R2	
CA Component: N	Disposition Status:	Appeal Initiated:	Appeal Resolved:		

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## BARCLAYS CENTER AT ATLANTIC YARDS, NYR000173948, BROOKLYN, NY, continued -

Violation:	Activity Location: NY	Type: 273.B	Determined Date: 07/31/2013	Determined by Agency: State	Responsible Agency: State
Scheduled Compliance Date:			Actual Compliance Date: 11/13/2013	RTC Qualifier: DOCUMENTED	Sequence Number: 303
Citation Information: Seq #	Type		Citation		
2	STATE REGULATION		374-3.2(d)(4)		
CEI Evaluation	07/31/2013	Activity Location: NY	By: State	Identifier: 001	Person: NYHHN
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Branch: R2
				Day Zero: 07/31/2013	Found Violation: YES
					Focus Area:
Enforcement:	Activity Location: NY	Type: 120	Action Date: 10/25/2013	Identifier: 001	
Docket:		Agency: State	Responsible Person: NYHHN	Branch: R2	
CA Component: N		Disposition Status:	Appeal Initiated:	Appeal Resolved:	
Violation:	Activity Location: NY	Type: 273.B	Determined Date: 07/31/2013	Determined by Agency: State	Responsible Agency: State
Scheduled Compliance Date:			Actual Compliance Date: 10/25/2013	RTC Qualifier: DOCUMENTED	Sequence Number: 304
Citation Information: Seq #	Type		Citation		
3	STATE REGULATION		374-3.2(e)		
CEI Evaluation	07/31/2013	Activity Location: NY	By: State	Identifier: 001	Person: NYHHN
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Branch: R2
				Day Zero: 07/31/2013	Found Violation: YES
					Focus Area:
Enforcement:	Activity Location: NY	Type: 120	Action Date: 10/25/2013	Identifier: 001	
Docket:		Agency: State	Responsible Person: NYHHN	Branch: R2	
CA Component: N		Disposition Status:	Appeal Initiated:	Appeal Resolved:	
Violation:	Activity Location: NY	Type: 273.B	Determined Date: 07/31/2013	Determined by Agency: State	Responsible Agency: State
Scheduled Compliance Date:			Actual Compliance Date: 11/13/2013	RTC Qualifier: DOCUMENTED	Sequence Number: 305
Citation Information: Seq #	Type		Citation		
4	STATE REGULATION		374-3.2(f)		
CEI Evaluation	07/31/2013	Activity Location: NY	By: State	Identifier: 001	Person: NYHHN
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Branch: R2
				Day Zero: 07/31/2013	Found Violation: YES
					Focus Area:
Enforcement:	Activity Location: NY	Type: 120	Action Date: 10/25/2013	Identifier: 001	
Docket:		Agency: State	Responsible Person: NYHHN	Branch: R2	
CA Component: N		Disposition Status:	Appeal Initiated:	Appeal Resolved:	
Violation:	Activity Location: NY	Type: 273.B	Determined Date: 07/31/2013	Determined by Agency: State	Responsible Agency: State
Scheduled Compliance Date:			Actual Compliance Date: 11/13/2013	RTC Qualifier: DOCUMENTED	Sequence Number: 306
Citation Information: Seq #	Type		Citation		
5	STATE REGULATION		374-3.2(g)		
CEI Evaluation	07/31/2013	Activity Location: NY	By: State	Identifier: 001	Person: NYHHN
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Branch: R2
				Day Zero: 07/31/2013	Found Violation: YES
					Focus Area:

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## BARCLAYS CENTER AT ATLANTIC YARDS, NYR000173948, BROOKLYN, NY, continued -

Enforcement:	Activity Location: NY	Type: 120	Action Date: 10/25/2013	Identifier: 001
Docket:		Agency: State	Responsible Person: NYHHN	Branch: R2
CA Component: N	Disposition Status:		Appeal Initiated:	Appeal Resolved:

### Evaluations With No Violations:

CAV Evaluation	11/15/2012	Activity Location: NY	By: EPA	Identifier: 001	Person: R2JDW	Branch: RCB	Found Violation: NO
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero: 11/15/2012		Focus Area:

Total Number of Handlers: 1

Total Number of Activity Locations: 2

\* End of Report \*

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## Description of codes used on the report:

Universes	Description of Universes
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).
Transporter	Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
IC in Place	Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).
EI Indicator (HE / GW)	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)
Short-Term Gen	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
Transfer Facility	Indicates that the facility transfers hazardous waste.
Offsite Receiver	Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID).
HSM	Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
Subpart K	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital; N - Non-profit Research Institute; W - withdrawal from the rule)
Full Enforcement	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).
Active State Gen	Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).
Converter	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State TSDF	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Unaddressed SNC	Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State Addressed SNC	Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State SNC w/ Compl. Sched	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).
EPA Unaddressed SNC	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA Addressed SNC	Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA SNC w/ Compl. Sched	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).

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## Description of codes used on the report:

ACCESSIBILITY - indicates the reason why the handler is not accessible for normal RCRA tracking and processing (previously called Bankrupt Indicator):	
Code	Description
B	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
C	indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

NON-NOTIFIER - indicates that the handler has been identified through a source other than Notification and is suspected of conducting RCRA-regulated activities without proper authority:	
Code	Description
E	indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
O	indicates that the handler is a former non-notifier.
X	indicates that the handler is a non-notifier.

Violation Type	Description
262.A	GENERATORS - GENERAL
262.B	GENERATORS - MANIFEST
273.B	UNIVERSAL WASTE - SMALL QUANTITY HANDLERS

Evaluation Type	Type Description
CAV	COMPLIANCE ASSISTANCE VISIT
CDI	CASE DEVELOPMENT INSPECTION
CEI	COMPLIANCE EVALUATION INSPECTION ON-SITE
SNN	NOT A SIGNIFICANT NON-COMPLIER
SNY	SIGNIFICANT NON-COMPLIER

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## Description of codes used on the report:

Enforcement Type	Enforcement Description
120	WRITTEN INFORMAL
210	INITIAL 3008(A) COMPLIANCE
310	FINAL 3008(A) COMPLIANCE ORDER

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